



Toronto Playgrounds House League Baseball  
 c/o Bob Abate CRC  
 485 Montrose Ave  
 Toronto, ON. M6G 3H2

Hotline: 416-392-1914  
 Fax: 416-588-4197  
 www.torontoplaygrounds.ca  
 tpbaseball@gmail.com

## Toronto Playgrounds House League Baseball 2012 Registration Form

### Please make cheques payable to "Lizzies Baseball"

- Fee for T-Ball/Rookie Ball is **\$95.00**; Fee for Mosquito, Peewee, Bantam, and Midget is **\$120.00**.
- Fee includes: trophy, photos, uniform. Additional fee required for Select team participation.
- Registration forms & payment can be dropped off /mailed to the Bob Abate CRC (address above).

#### Player Information

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail (if player is bantam or midget): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Division: Tee-ball \_\_\_\_\_ Rookie ball \_\_\_\_\_ Mosquito \_\_\_\_\_ Peewee \_\_\_\_\_ Bantam \_\_\_\_\_ Midget \_\_\_\_\_  
 (2005-2008) (2003/2004) (2001/2002) (1999/2000) (1997/1998) (1994-1996)

Placement Request (one player only – must be reciprocal and registered by Mar. 31) \_\_\_\_\_

#### Parent/Guardian Information

Name of parent one: \_\_\_\_\_

Address of parent one (if different from above): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of parent two: \_\_\_\_\_

Address of parent two (if different from above): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Photo Waiver** We give permission for the player named on this form to be photographed by TP House League personnel during the season and for these photos to be displayed on the Toronto Playgrounds House League Baseball website. Yes \_\_\_\_\_ No \_\_\_\_\_ Parent signature \_\_\_\_\_

#### Volunteer Information (Parents and/or bantam/midget players are welcome to volunteer.)

I wish to: coach \_\_\_\_\_ umpire \_\_\_\_\_ scorekeep \_\_\_\_\_ sponsor a team (cost of \$ 325.00/team) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

#### Risk Waiver & Consent Form

I recognise that risk of injury or potential health risk may be involved in participation in the above-named program/activity. I hereby willingly assume such risk of injury or health risk for the above-named person(s) for whom I am in law responsible and assume full responsibility during and after their participation in the program/activity. In consideration of the acceptance of this application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators, successors and assigns **HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE** the Toronto Playgrounds House League Baseball Organization and all their respective agents, employees, officials, volunteers, servants, contractors, representatives, elected and appointed officials, successors and assigns **OF AND FROM ALL** claims, demands, damages costs and actions whatsoever and however caused, arising or to arise by reason of my child's participation in the program or any of its associated activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_